

CHAPTER 12

SECTION 8.1

TRICARE PRIME - CLINICAL PREVENTIVE SERVICES

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I. BACKGROUND

The following are clinical preventive services expected of good comprehensive clinical practice in which every patient encounter should be used as an opportunity for preventive care. These preventive services are either (1) screening procedures to detect disease or (2) primary or secondary prevention interventions to protect or restore health. These services may be provided during acute and chronic care visits or during preventive care visits for asymptomatic individuals to maintain and promote good health.

Routine history and physical examination are no longer recommended for health promotion and disease prevention in individuals who are not being monitored as a part of a therapeutic plan for chronic disease. Instead, the U.S. Preventive Services Task Force and other major authorities recommend that every patient encounter be used as an opportunity for preventive care and that a variety of age and sex specific services be combined into these encounters and periodic health promotion disease prevention surveillance examinations.

II. POLICY

A. TRICARE Prime enrollees may receive Prime Clinical Preventive Services from any network provider without referral, authorization, or preauthorization from the Primary Care Manager (PCM), the Health Care Finder (HCF), or any other authority. If a Prime Clinical Preventive Service is not available from a network provider (e.g., a network provider is not available within prescribed access parameters), an enrollee may receive the service from a non-network provider with a referral from the PCM and authorization from the HCF. If an enrollee uses a non-network provider without first obtaining a referral from the PCM and authorization from the HCF, payment is made under the Point of Service option only for services that are otherwise covered under TRICARE Standard. Payment will not be made under the Point of Service option for clinical preventive services that are not otherwise covered under TRICARE Standard.

B. There shall be no co-payments associated with the individually TRICARE reimbursable services listed below. The contractor shall apply all appropriate claims processing and rebundling edits before determining if the below listed CPT procedure code is individually reimbursable. The contractor need not establish additional edits to identify claims within the age, sex, race or clinical history perimeters included below. However, a 30 day administrative tolerance will be allowed for any time interval requirements imposed on

screening mammographies and Pap smears; e.g., if an asymptomatic woman 50 years of age or older received a screening mammography on September 15, coverage for another screening mammography would be allowed on or after August 17 of the following year.

SERVICES	FREQUENCY OR AGE INTERVAL	RELEVANT CPT CODE
SCREENING EXAMINATIONS:		
COMPREHENSIVE HEALTH PROMOTION AND DISEASE PREVENTION EXAMINATIONS	For ages 24 months or older: One comprehensive disease prevention clinical evaluation and follow up during age intervals: 2-4; 5-11; 12-17; 18-39; 40-64.	99382-99386 99392-99396
TARGETED HEALTH PROMOTION AND DISEASE PREVENTION EXAMINATIONS	The following screening examinations may be performed during either the above periodic comprehensive health promotion examination or as part of other patient encounters. The intent is to maximize preventive care.	
Breast Cancer:	Physical Examination: For women under age 40, physicians may elect to perform clinical breast examination for those who are at high risk, especially those whose first-degree relatives have had breast cancer diagnosed before menopause. For women age 40 and older, annual clinical examinations should be performed.	See codes for comprehensive health promotion and disease prevention exams.
	Mammography: Baseline mammogram age 40; every two years age 40-50, annually age 50 and over; For high risk women (family history of breast cancer in a first degree relative), baseline mammogram age 35, then annually.	76092
Cancer of Female Reproductive Organs:	Physical Examination: Pelvic examination should be performed in conjunction with Pap smear testing for cervical neoplasms and premalignant lesions.	See codes for comprehensive health promotion and disease prevention exams.
	Papanicolaou smears: Annually starting at age 18 (or younger, if sexually active) until three consecutive satisfactory normal annual examinations. Frequency may then be less often at the discretion of the patient and clinician but not less frequently than every three years.	88141, 88147, 88148, 88150, 88153, 88155, 88164, 88165.

SERVICES	FREQUENCY OR AGE INTERVAL	RELEVANT CPT CODE
Testicular Cancer:	Physical Examination: Clinical testicular exam annually for males age 13-39 with a history of cryptorchidism, orchiopexy, or testicular atrophy.	See codes for comprehensive health promotion and disease prevention exams.
Prostate Cancer:	Physical Examination: Digital rectal examination should be performed annually for men 40 to 49 years of age who have a family history of prostate cancer, and for all men over 50.	See codes for comprehensive health promotion and disease prevention exams.
	Prostate Specific Antigen: Annual for the following categories of males: all men aged 50 years and older; men aged 40 years and over who have a family history of prostate cancer; and men who have had a vasectomy at least 20 years previously who had their vasectomy at age 40 years or older.	84153
Colorectal Cancer:	Physical Examination: Digital rectal examination should be included in the periodic health examination of individuals 40 years of age and older.	See codes for comprehensive health promotion and disease prevention exams.
	Fecal occult blood testing: Annually 50 and over if at increased risk for colorectal cancer as defined by the U.S. Preventive Services Task Force.	82270
	Proctosigmoidoscopy or Sigmoidoscopy: Once every 3-5 years beginning at age 50.	45300 and 45330.
	Colonoscopy: Performed every five years beginning age 40 for individuals at increased risk for colon cancer with first degree relative with a history of colon cancer.	45355 and 45378.
Skin Cancer:	Physical Examination: Skin examination should be performed for individuals with a family or personal history of skin cancer, increased occupational or recreational exposure to sunlight, or clinical evidence of precursor lesions.	See codes for comprehensive health promotion and disease prevention exams.

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Oral Cavity and Pharyngeal Cancer:	Physical Examination: A complete oral cavity examination should be part of routine preventive care for adults at high risk due to exposure to tobacco or excessive amounts of alcohol. Oral examination should also be part of a recommended annual dental check-up.	See codes for comprehensive health promotion and disease prevention exams.
Thyroid Cancer:	Physical Examination: Palpation for thyroid nodules should be performed in adults with a history of upper body irradiation.	See codes for comprehensive health promotion and disease prevention exams.
Infectious Diseases:	Tuberculosis screening: Screen annually, regardless of age, all individuals at high risk for tuberculosis (as defined by CDC) using Mantoux tests.	86580 and 86585
	Rubella antibodies: females, once, age 12-18, unless documented history of adequate rubella vaccination with at least one dose of rubella vaccine on or after the first birthday.	86762
	Hepatitis B screening: Screen pregnant women for HBsAG during prenatal period.	87340
Cardiovascular Diseases:	Cholesterol: Non-fasting total blood cholesterol: At least once every five years, beginning age 18.	80061
	Blood pressure screening: For children: annually between 3 and 6 years of age, and every 2 years thereafter. For adults: a minimum frequency of every two years.	See codes for comprehensive health promotion and disease prevention exams.

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Other:	Body Measurement: For children: Height and weight should be measured regularly throughout infancy and childhood. Head circumference should be measured through age 24 months. For adults: Height and weight should be measured periodically. The optimal frequency is a matter of clinical discretion. Those individuals who are 20% or more above desirable weight should receive appropriate nutritional and exercise counseling.	See codes for comprehensive health promotion and disease prevention exams.
	Vision Screening: For children: Eye and vision screening during routine examinations at birth, approximately 6 months, 3 years and 5 years of age. Additionally, age 3-6: comprehensive eye examination for amblyopia and strabismus. For adults: comprehensive eye examination, including screening for visual acuity and glaucoma, every 3 to 5 years in African Americans aged 20 to 39 years, and regardless of race, every 2 to 4 years in individuals aged 40 to 64 years. Diabetic patients, at any age, should have comprehensive eye examinations at least yearly.	92002, 92004, 92012, 92014, and 92015.
<i>NOTE: Comprehensive eye examinations are meant to be more than the standard visual acuity screening test conducted by the member's primary care physician through the use of a standard Snellen wall chart. Self-referral will be allowed for preventive vision screening since PCMs are incapable of providing comprehensive eye examinations; i.e., a prime beneficiary will be allowed to set up his or her own appointment for a comprehensive eye examination with either an optometrist and/or ophthalmologist.</i>		

SERVICES	FREQUENCY OR AGE INTERVAL	RELEVANT CPT CODE
Other: (Continued)	Hearing screening: For children: all high risk neonates (as defined by the Joint Committee on Infant Hearing) audiology screening before leaving the hospital. If not tested at birth, high-risk children should be screened before three months of age. Evaluate hearing of all children as part of routine examinations and refer those with possible hearing impairment as appropriate.	92551, 92587, and 92588
	Pediatric Blood Lead: Assessment of risk for lead exposure by structured questionnaire based on Centers for Disease Control and Prevention (CDC) Preventing Lead Poisoning in Young Children (October 1991) during each well child visit from age six months through 6 years. Screening by blood lead level determination for all children at high risk for lead exposure per CDC guidelines.	83655
COUNSELING SERVICES: These are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge.	Patient & parent education counseling: Dietary Assessment & Nutrition; Physical Activity & Exercise; Cancer Surveillance; Safe Sexual Practices; Tobacco, Alcohol and Substance Abuse; Accident & Injury Prevention; Promoting Dental Health; Stress, Bereavement, & Suicide Risk Assessment.	These are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge.
IMMUNIZATIONS:	By age appropriate dose and vaccine for the following diseases according to the current CDC Advisory Committee on Immunization Practices (ACIP) recommendations: Tetanus, Diphtheria, Pertussis, Poliomyelitis, Mumps, Measles, Rubella, Influenza, Pneumococcal Disease, Hæmophilus Influenza type B, Hepatitis A, Hepatitis B, and Varicella (Chicken Pox).	90585-90586, 90632-90665, 90669-90680, 90700-90748 except 90717, 90725, 90727, 90733, and 90735.

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